

CHILD PLACEMENT AGENCY REPORT

Maryland Department of Human Services Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201 Office: 410.767.7871 Fax: 410.333.8408

| Cities I Effectively | 102.101 112. 011. | | | | | | |
|---|--------------------------------------|---|--------------------------|-----------------------------|------------------------|----------------------------|--|
| Provider Organization: Parker Therapeutic Services | | | | | | | |
| Licensing Agency: DHS | | | | Contracting Agency(s): DHS | | | |
| Name of Chief Administrator: Deanna Dishman Email: d.dish | | | | | arkertxservice | e.com | |
| License Type: Treat | Type of Inspection: Quarterly | | | | | | |
| Name and Address of CPA Office | | License Capacity | DHS Contract Limit | Census by Placing Agency | License#/ Exp. date | Date of site Inspection | |
| Parker Therapeutic Ser 940 Madison Avenue | rvices, Inc. | Unlimited | 40 | 42 | #00372 3/16/2020 | 6/13/18 | |
| <u>Inspection Summary</u> | | | | | | | |
| Number of Records Reviewed: Youth <u>0</u> Staff <u>6</u> Foster Parent <u>0</u> Adoptive Parent <u>0</u> | | | | | | | |
| Number of Interviews: Youth 0 Staff 0 Foster Parent 0 | | | | | | | |
| CPA Office Inspection: Approved | | | | | | | |
| Number of ILP Apartments Inspected: NA Number of Foster Homes Inspected: 0 | | | | | | | |
| Current COMAR Violation: Yes X No | | | | | | | |
| If Yes, list Cited Violation(s) below: | | | | | | | |
| Violation | | | | Findings | | | |
| 07.05.01.12 6 out of 6 records reviewed did not | | | | | d abuse statemer | nt | |
| 07.05.01.13A(5) | | 2 of 6 records reviewed did not have an annual performance evaluation | | | | | |
| 77.05.01.13.B(4) 3 of 6 records reviewed did not have documentation of a medical exam | | | | | | xam | |
| 07.05.01.13C 2 of 6 records reviewed did not have documentation of a TB test | | | | | | | |
| Corrective Action Plan: Yes X No If yes, date of CAP:6/13/18 | | | | | | | |
| Any Violations During Mid or Re-Licensure Periods: Yes No N/AX If Yes See Report (s) Date(s): | | | | | | | |
| Complaint Outcome: NA | | | | | | | |
| Current Status of License: Continued | | | | | | | |
| Licensing Coordinator: | Patricia Sparrow | Date: 6/21/201 | 8 Email | l: patricia.sparrow | @maryland.g | ov | |
| Program Manager: | André Thomas | Date: 6/25/201 | 8 Email | l: andre.thomas@: | maryland.gov | | |